

Proximal Hamstring Repair Discharge Instructions

Discharge instructions for Proximal Hamstring Repair

Contact the office at 803-256-4107 if you have questions about your instructions or follow-up appointment.

DIET:

Start with clear liquids and light foods to minimize nausea. Once these are tolerated, advance to a regular diet.

TRIP HOME:

To encourage blood flow and decrease your risk of blood clots, do the following on your ride home:

- If possible, perform ankle pumps by moving your foot up and down.
- If your ride home will be longer than 2 hours, it is best to stop at least once to get out of the car and move your leg.
- While in the car, consider riding in the back seat with your surgical leg elevated.

DRESSING AND WOUND CARE:

Keep the dressing clean and dry. Some bleeding is expected after your surgery. Additionally, it is normal for there to be some drainage after surgery since the knee was irrigated with large amounts of fluid. Reinforce with additional gauze and/or ACE™ wraps as necessary.

Remove the dressing the 2nd day after surgery and begin changing daily with clean gauze or Band-Aids® and the ACE™ wrap. Keep your incisions covered until you follow up in clinic.

If you have Steri-Strips™ in place of stitches, allow them to stay in place as long as possible. Steri-Strips™ are made of a fabric material that can get wet in the shower and pat dry with a towel. They usually fall off on their own within 7 to 10 days. You may trim the edges as they begin to curl.

BATHING:

You may bathe or shower on the 5th day after surgery, but do not scrub or soak the incisions. Dry the area by gently blotting it with a gauze or towel. After it is completely dry, cover the wound with clean gauze or Band-Aids®. Do NOT submerge the incisions (bath/swim) until after the sutures are removed and the wound has completely healed.

ACTIVITY:

- Ice should be applied to the thigh for 20-30 minutes, 5-6 times a day, to help control pain and swelling. Apply additional times as needed, especially after exercise, for the first 3-4 weeks. Do not apply ice directly to the skin; use a thin barrier in between. Also, do not use heat.
- Compression applied to the thigh with an ACE™ bandage can help with swelling. When wrapping, start low and work up.
- Elevate the leg when possible. Elevation, as a rule, should be higher than your heart. You can stop elevating when comfortable.
- Use crutches to walk with only 50% weight bearing on the surgical leg for 6 weeks and lock the brace when walking. You must use both crutches at all times. It is important to move after surgery. Do not plan to walk long distances, climb multiple flights of stairs, kneel, squat, crawl, or carry heavy objects until cleared by your surgeon. Do not sleep on the surgical leg.
- Do not hold the foot completely off the ground while walking. *If you received a nerve block, do not put any weight on the leg until the block has completely worn off (up to 24 to 36 hours).
- Physical therapy will be started after your 1st follow-up visit. At that time, you will be given a prescription & rehabilitation protocol to take to the PT clinic of your choice. Plan to visit with a physical therapist within 3 days of your follow-up visit.

HINGED KNEE BRACE:

This should be worn while up & walking around AND during sleep. To remove the brace, simply unclip the buckles. To adjust the straps for tightness, undo the Velcro and adjust accordingly.

- The “drop lock” feature should be used to lock the brace when walking. This is important to prevent full extension and protect your repair.
- The “drop lock” buttons are located on each side of the brace just above the hinge part. Slide these buttons down on each side and the brace will “lock”.
- Once you are settled, slide each button back to the up position and the brace will “unlock”. You will now be able to bend your knee again within the limits of the hinge settings.
- Do not change the hinge settings (small triangular pieces on hinge). It will initially be set to restrict your motion to a specific range (30 degrees - full flexion). Depending on your procedure, the brace may be adjusted over time, but only your doctor or physical therapist should do this.
- Using the ACE™ wrap underneath the brace is not necessary, but most people like the feeling of the ACE™ wrap under the brace. Further instructions regarding the brace will be provided at your post-op visit.

PAIN CONTROL:

It is important to stay ahead of pain as it becomes challenging to get under control if you fall behind. Ice and elevation can help and should be used as much as possible in the first few days.

- Narcotic pain medications, such as hydrocodone or oxycodone, should be taken as prescribed. Wean off as soon as possible. Take these with food to decrease the chances of nausea and vomiting. Do not drink alcohol, drive a vehicle, or use heavy machinery while taking narcotic pain medications.
- NSAID medications are used for pain control and to decrease inflammation. You may be prescribed an NSAID such as ketorolac (Toradol). Take as instructed. Other NSAID medications such as ibuprofen, Motrin, Advil, naproxen, or Aleve can be used once you have finished the Toradol, or if a prescription for Toradol was not provided.
- Acetaminophen (Tylenol) is an effective over-the-counter pain medication that can be used with NSAID medications and non-acetaminophen containing narcotics such as plain oxycodone.

ASPIRIN FOR PREVENTION OF BLOOD CLOTS:

- You should take one 81 mg baby aspirin twice daily for six weeks starting the evening of the day you have surgery unless instructed otherwise or taking a different blood thinner such as enoxaparin or warfarin. If you are aware that you are at high risk for a blood clot, notify your physician as soon as possible.
- Take aspirin at least 30 minutes before taking ibuprofen or Toradol.

CONSTIPATION PREVENTION:

Anesthesia and pain medications, changes in eating and drinking, and less activity can all lead to constipation after surgery. To prevent or reduce constipation, take an over-the-counter stool softener (brands include Colace and Miralax). Follow the directions on the bottle. Drink plenty of water and eat high fiber foods including whole grains, fresh fruits, vegetables, beans, prunes or prune juice.

PROBLEMS TO REPORT:

- Persistent bloody drainage that soaks through reinforced dressings.
- Fever greater than 101F or 38C.
- Incision that is very red, swollen, draining pus, shows red streaks, or feels hot.
- Inability to urinate within 8 hours of surgery (a rare effect of the anesthesia).
- If you develop a rash, generalized itching or swelling from the medications, STOP the medication and call the clinic.

Calls should be directed to our office at 803-256-4107

FREQUENTLY ASKED QUESTIONS

WHAT DAILY ACTIVITIES CAN I DO?

After hamstring surgery, daily activities such as walking, going up/down stairs, or desk work should not cause damage to your repair. Use the brace and crutches as directed.

CAN I DRIVE OR RIDE BY CAR/ TRAIN/ PLANE?

You should not drive until you are off crutches (6 weeks). If you had surgery on the right leg, you should not drive until you are no longer wearing the IROM brace. You should not drive while taking narcotic pain medications. You may ride in a car after surgery as needed. Keep the leg elevated. You may take a train or even fly the day after your surgery as long as you feel secure and comfortable. If you do fly, expect some extra swelling due the drop in air pressure. A compressive bandage, ice, and elevation should help this resolve.

WHAT ABOUT WORK?

You may return to an office-type job or to school whenever comfortable. For most patients this occurs 1 week after surgery. For more active jobs that require extended walking, squatting, or lifting, you can wait until after your follow-up appointment. Any other unusual types of jobs should be discussed to determine a date for return to work.

WHAT ABOUT SWELLING?

Expect swelling as a normal process after surgery. Ice, compression, elevation, and other treatments provided at physical therapy will allow this to improve in time. Some swelling may remain for up to 8 weeks, and this is normal.

WHAT IF IT REALLY HURTS TOO MUCH?

Surgery hurts and you cannot expect to be pain free, but our goal is for it to be tolerable. Try to use all available pain therapies such as narcotics, NSAIDS, and acetaminophen. Always try more ice and elevation. If the pain is not tolerable, call the clinic.